

RSPA WAIVER REQUEST

TITLE (state applicable functional area in 6 words or less):

1. *What internal rule, regulation, policy, procedure, process, etc. are you requesting to be waived (cite rule and provide brief narrative):*

2. *What organizational benefit do you expect to accomplish through this waiver?*

3. *How long do you want this waiver to be in effect?*

4. *By submission of this form, consultation has been completed with ("x" where applicable):*
() Approving Official () Labor Union () Legal () Other (specify):

5. *Name of Initiator* _____ *Telephone No.* _____
has submitted this waiver request on: _____

6. () *"Up-front" Waiver ("x" if applicable)*

APPROVING OFFICIAL:

This waiver request has been ("x" where applicable and complete):

() *Approved by* _____ *on* _____
(Typed name and Title)

() *Recommended for disapproval by* _____ *on* _____
because: (Typed Name and Title)

INDEPENDENT OFFICIAL:

() *Approved by* _____ *on* _____
(Stephen D. Van Beek, Deputy Administrator)

() *Disapproved by* _____ *on* _____
(Stephen D. Van Beek, Deputy Administrator)